

MEETING ABSTRACTS

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AIDS-related Kaposi's sarcoma: outcomes after initiation of highly active antiretroviral therapy under routine conditions in Zimbabwe

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From 12th International Conference on Malignancies in AIDS and Other Acquired Immunodeficiencies (ICMAOI)

Bethesda, MD, USA. 26-27 April, 2010

Background

Additional information on the outcomes of patients with AIDS-related Kaposi's sarcoma (AIDS-KS) on highly active antiretroviral therapy (HAART) in resource-limited settings is needed. This study evaluated outcomes in AIDS-KS patients after initiation of HAART in Zimbabwe.

Methods

A retrospective cohort of 124 patients from the Parirenyatwa Hospital Kaposi's Sarcoma and Opportunistic Infections (OI) Clinics was studied. 31 patients with AIDS-KS were matched 1:3 to 93 non-KS AIDS patients based on date of initiation of HAART, gender, and age. The primary endpoint was loss to care, defined as failure to attend clinic or refill prescriptions for 3 months or longer. Secondary endpoints were weight gain at 6 months, change in CD4+ count within 1 year, and final CD4+ count within 1 year of initiating HAART. Eligibility criteria included a minimum of 6 months of followup in the OI Clinic and less than 2 months of previous HAART prior to beginning therapy through the OI Clinic. A two-step model-selection strategy using KS status, gender, age, WHO performance status, OI disease burden, medical aid, employment, education, pre-treatment cotrimoxazole use, pre-treatment weight, and pre-treatment CD4+ count was used to identify factors associated with loss to care. On the initial univariate analysis, KS status, medical aid, and pre-treatment cotrimoxazole use had a $p < 0.15$ and were included in the final multivariate analysis.

Results

AIDS-KS and non-KS patients did not differ significantly in baseline characteristics except for pre-treatment CD4+ count (196 vs. 92 cells/mm³, $p = 0.005$). On the multivariate analysis, KS status ($p = 0.016$, HR: 4.11, CI: 1.31-12.92) and having medical aid were significant predictors of loss to care ($p = 0.048$, HR: 3.84, CI: 1.02-14.44). At a median followup of 632 days, 37.5% of AIDS-KS patients were lost to care compared to 16.1% of non-KS patients. AIDS-KS patients had significantly worse weight gain than non-KS patients (+0.78% vs. +4.18%, $p = 0.023$). Change in CD4+ count ($p = 0.149$) and final CD4+ count ($p = 0.729$) were not significantly different between study groups. Amongst AIDS-KS patients, retained patients ($n = 20$) had significantly higher pre-treatment CD4+ counts than patients lost to care ($n = 11$) (232 vs. 122 cells/mm³, $p = 0.048$).

Conclusions

After initiating HAART, AIDS-KS patients experienced greater loss to care and poorer weight gain than matched non-KS patients, suggesting that, under routine conditions in Zimbabwe, AIDS-KS patients have worse intermediate- and long-term clinical outcomes than non-KS AIDS patients. AIDS-KS patients retained in care had higher pre-treatment CD4+ counts than patients lost to care, indicating that early intervention with HAART may improve outcomes in AIDS-KS patients.

Acknowledgements

This article has been published as part of *Infectious Agents and Cancer* Volume 5 Supplement 1, 2010: Proceedings of the 12th International Conference on Malignancies in AIDS and Other Acquired

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Immunodeficiencies (ICMAOI). The full contents of the supplement are available online at <http://www.biomedcentral.com/1750-9378/5?issue=S1>.

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Published: 11 October 2010

doi:10.1186/1750-9378-5-S1-A2

Cite this article as: Nelson *et al.*: AIDS-related Kaposi's sarcoma: outcomes after initiation of highly active antiretroviral therapy under routine conditions in Zimbabwe. *Infectious Agents and Cancer* 2010 5(Suppl 1):A2.

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